Green Tier Application

Revision 05/2005

State of Wisconsin Department of Natural Resources PO Box 7921, Madison WI 53707-7921 Form 4800-022 dnr.wi.gov

Notice: Collection of this information is authorized under s. 299.83 Wis. Stats. Participation in Green Tier and completion of this form are voluntary. Personal information collected on this form, including such data as your name, address, phone number, etc., will be used in the implementation of Green Tier and will be made broadly available under the Green Tier program. Information will also be made accessible to requesters under Wisconsin's Public Records Law (ss. 19.32 -19.39, Wis. Stats.). Applications must be considered complete by the Department of Natural Resources in order to be processed. For application instructions, see "Green Tier Application Instructions," publication number CO-501

in order t	o be proce	essed. For application instructions, see	Green Her Application Instruction	ons," publication number Co	J-501.
This ap	plicatio	on is a: \square Tier 1 P	articipation Request	☐ Tier 2 Participati	on Request
I. App	licant In	formation (add additional for	ms for each entity that is	part of the applican	t group)
Person or Entity Name				Title	
Jon & Kandy Brouchoud Street Address			City	Owners State	Zip Code
	Kuuress Kingfisher	Lane	Cleveland	WI	53015
	one Numb		Fax Number	E-mail Address	7 000.0
(920) 7	26-4177		(920) 726-4177 (Call ahead)	kbrouchoud@lakefield.n	et
II. Fac	ility Info	ermation (add additional form	s for each facility or active	vity that is to be incl	uded in Green Tier)
Facility		(2222	,	SIC/NAICS Codes	County
	ndo Desig	ın			Manitowoc
	Address		City	State	Zip Code
	Kingfisher	Lane	Cleveland	WI State	53015 Zip Code
	Address Kingfisher	Lane	City Cleveland	WI	53015
		DNR Facility Identification numbers (F			00010
III Sco	no of G	reen Tier Participation (Mate	orials in support of this se	action should be lab	oled Attachment 1)
	-	cover all activities at the facility?		e describe the discrete active	•
program.		cover all activities at the facility!	es 🖂 No II no, piease	e describe the discrete acti	vities to be covered in the
p 9					
		ent Record (Materials in supp		d be labeled Attachr	nent 2. Eligibility
		are established in s. 299.83(3		and the following the decimal	· · · · · ·
Has the a	applicant, r	managing operators of the applicant or	any person with 25% or more ow	nership interest in the appl	icant:
Yes	No				
Covered t	☑ facility or a	 a. Had a judgment entered against the activity? If yes, please provide the date 			
Applicar for the p		ted of a criminal violation within 60	months of the date of the applic	cation for Tier 1 or 120 m	onths for Tier 2 are ineligible
☐ activity?	⊠ If yes, ple	b. Had a civil judgment entered agair ase provide the date(s) if the judgment		conmental regulation involvi	ing a covered facility or
		civil judgment entered against them he program, unless the applicant rec			
☐ activity?	☑ If yes, ple	c. Been referred to the Department of ase provide the date(s) of referral and		nvironmental regulation inve	olving a covered facility or
		d to the Department of Justice within the applicant requests a waiver of the			ier 2 are ineligible for the
	d. Been issued an environmental citation by the Department of Natural Resources involving a covered facility or activity? If yes, provide the date(s) of the citation and the nature of the violation(s).				
		an environmental citation within 24 he applicant requests a waiver of th			are ineligible for the
Are yo	u reque No	sting a waiver under s. 299.8	3(3)(e) or (5)(e)?		
		If yes, please attach a justification.	Waivers may be granted in exc	ceptional circumstances.	

V. Environmental Performance

must address both A & B in your application.) Materials in support of this section should be labeled Attachment 3. For definitions of *environmental performance* and *superior environmental performance*, refer to the Application Instructions. In addition, for either a Tier 1 or Tier 2 application, you will be asked to provide a baseline of environmental performance against which future performance will be measured. Please provide potential indicators that would be used for that baseline.

VI. Environmental Management System (EMS)				
Materials in support of this section should be labeled Attachment 4.				
Yes No				
a. Do you have an EMS certified to the International Organization for Standardization (ISO) standard 14001?				
b. Do you have an EMS that is functionally equivalent as determined by the Department of Natural Resources?				
If no to both questions, you are not eligible ffor Tier 2 status. If you are applying for Tier 1 status, you will need to develop a functionally equivalent EMS within one year from the date of acceptance of this application.				
If yes to either question, please attach a copy of the following to this application:				
 Your facility's EMS (or provide an electronic link to your EMS) Third party certification Functional equivalency determination, addressing each of the 12 elements defined in s. 299.83(1)(dg) 				
VII. Stakeholder Identification				
Please provide a list of stakeholders who could be interested in your application. Include in your list names and addresses of the following classes of people: neighbors, suppliers, customers, local environmental group representatives, local governments, waste contractors, wastewater utility, as any other individuals or groups which you believe might have an interest in your application. This list of stakeholders should be submitted as Attachment 5.				
VIII. Tier 1 Applicant Statement of Commitment				
 a. Implement, within one year of the date of acceptance of this application, an EMS that is third party certified or is functionally equivalent as demonstrated by a matching up of the requirements in s. 299.83(1)(dg) and elements of the EMS. b. Conduct annual EMS audits, with at least every third audit performed by an independent environmental auditor approved by the Department of Natural Resources. c. Submit to the Department of Natural Resources an annual report on the EMS audit that is in compliance with s. 299.83(6m)(a) and documents progress towards meeting objectives related to improved environmental performance, including the submission of indicators agreed on by the parties. 				
I commit to the above statements and certify that all information provided is true and correct under penalty of law.				
Signature of Applicant Kandy Brouchouel 3/6/06 Browloud Date Signed 3/6/06				
IX. Tier 2 Applicant Statement of Commitment				
I commit to:				
 Conduct annual EMS audits performed by an independent environmental auditor approved by the Department of Natural Resources. Conduct, or have another person conduct an annual audit of compliance with environmental requirements that are applicable to the covered facilities and activities that are the subject of this application. Submit to the Department of Natural Resources an annual report on the EMS audit and the environmental requirements compliance audit that is in compliance with s. 299.83(6m)(a) and documents progress towards meeting objectives related to improved environmental performance, including the submission of indicators agreed on by the parties. commit to the above statements and certify that all information provided is true and correct under penalty of law. 				
Signature of Applicant Date Signed				